

Health Alert Notice

Wyoming Department of Health

September 15, 2009

(WDH SF HAN 5.0)

Novel Influenza A H1N1 (Swine-like) Virus

***NEW UPDATE:**

- Recommendations for the use of rapid influenza diagnostic tests

The Wyoming Department of Health (WDH) influenza surveillance system suggests that influenza activity has increased over the past two weeks, moving from sporadic to locally increased activity. While below the peak seasonal influenza levels, influenza-like illness (ILI) and influenza case reporting are above what is expected for this time of year.

Since May, there have been 9 influenza hospitalizations (8 confirmed with novel H1N1) and 1 influenza associated death (confirmed with novel H1N1) reported to the WDH. The WDH is currently testing patient samples from the influenza sentinel providers throughout the state. If you are interested in becoming an influenza sentinel provider, please call Reginald McClinton at 307-777-8640. It is not necessary to confirm the influenza subtype on each patient with a clinical diagnosis of influenza. Since August 11, 100% of the influenza A specimens tested at the public health lab have subtyped as the novel H1N1 strain.

The WDH reminds all healthcare providers that influenza is a reportable disease. In order for public health to gain a better understanding of the epidemiology of total influenza activity we are asking providers to report all cases of influenza to the WDH (fax disease report form to 307-777-5573 or call 307-777-8640).

Use of Rapid Influenza Diagnostic Tests

A rapid influenza diagnostic test (RIDT) may provide useful information that might impact patient care. However, understanding the limitations of RIDTs is very important to appropriately interpret results for clinical management. When influenza viruses are circulating in a community, a positive test result indicates that influenza virus infection is likely present in the specimen. Knowledge of the presence of influenza A or B virus infection can help to inform influenza treatment decisions. **However, a negative rapid test result does not rule out influenza virus infection. Since false negative results can occur, if clinical suspicion of influenza is high in a patient who tests negative by RIDT (or if RIDT is not offered), empiric antiviral therapy should be administered, if appropriate, and infection control measures implemented.** In settings where policies indicate exclusion of patients who may have influenza (e.g., schools, camps, day care centers), a negative RIDT, performed on a patient with

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clinically compatible illness, should not be used as justification for early return to that setting. Finally, a negative RIDT result cannot exclude influenza as a cause of an outbreak in a facility with ill residents or patients with clinically compatible illness.(see http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm or *Evaluation of Rapid Influenza Diagnostic Tests for Detection of Novel Influenza A (H1N1) Virus – United States, 2009. MMWR August 7, 2009.*)